

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
		Application Number	10/575,262-Conf. #8789
		Filing Date	April 10, 2006
		First Named Inventor	Fumiki MURAKAMI
		Examiner Name	H. D. Nguyen
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1796
TOTAL AMOUNT OF PAYMENT	(\$ 810.00)	Attorney Docket No.	0152-0730PUS1

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments			

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) <input type="checkbox"/> Fee (\$) 52 26							
Each independent claim over 3 (including Reissues) <input type="checkbox"/> Fee (\$) 220 110							
Multiple dependent claims <input type="checkbox"/> Fee (\$) 390 195							
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
24 - 24 or HP = <input type="checkbox"/> x = <input type="checkbox"/> <input type="checkbox"/> Fee (\$) HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							
1 - 3 or HP = <input type="checkbox"/> x = <input type="checkbox"/> <input type="checkbox"/> Fee (\$) HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = <input type="checkbox"/> /50 = <input type="checkbox"/> (round up to a whole number) x <input type="checkbox"/> = <input type="checkbox"/> <input type="checkbox"/> Fee (\$)							
4. OTHER FEE(S)							
Non-English Specification: \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... <input type="checkbox"/> Fees Paid (\$)) 810.00							

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	32,881	Telephone	(703) 205-8000
Name (Print/Type)	John W. Bailey		Date	March 1, 2010	